



# APPLICATION FOR BARBER SHOP LICENSE

State Form 26770 (R5 / 7-01)

Approved by State Board of Accounts, 2001

Indiana Professional Licensing Agency

302 W. Washington St., Rm. E034

Indianapolis, IN 46204-2700

Telephone: (317) 232-2980

PLEASE TYPE OR PRINT

FOUR (4) YEAR LICENSE FEE: \$40.00

Name of shop		
Shop address (number and street, city, state, ZIP code)		
Name of shop owner (individual, partner, or officer)		Social Security number *
Home address (number and street, city, state, ZIP code)		
Business telephone number		Residence telephone number
Social Security number or Federal ID number *	* This agency is requesting disclosure of your Social Security number under IC 4-1-8-1. Disclosure is mandatory. This record cannot be processed without it.	
If the barber shop is a partnership or corporation, list the partners of the partnership or the officers of the corporation.		
NAME	TITLE	ADDRESS
Pursuant to IC 25-7-1-1 (3) the barber shop will at all times be operated under the personal supervision and management of a registered barber.		
Name of registered barber	Barber Certificate of Registration number	Certificate of Registration expiring
Approximate opening date	Shop hours	Check days open <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S

## AFFIDAVIT

I (or we) will operate this establishment in compliance with the rules governing the sanitary requirements of barber shops as required by the State Board of Barber Examiners, and ensure that all employees comply with all requirements. (If barber shop is owned by a corporation or partnership, this application must be signed by an officer of the corporation or a partner of the partnership.)

The barber shop will be under the personal supervision and management of a licensed barber \_\_\_\_\_, (name of barber)  
Certificate of Registration number \_\_\_\_\_, expiring \_\_\_\_\_.

Have you, or an officer or a partner, ever committed an act for which you could be disciplined under IC 25-7-1-16.1? ☐ Yes ☐ No  
If the answer is Yes, please describe the act on a separate sheet of paper and attach to this application.

I swear or affirm that the above statements are true and correct to the best of my knowledge and belief.

Signature of applicant / corporate officer / partner

## NOTARY CERTIFICATE (SWORN OATH)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I, \_\_\_\_\_, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires